

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583795

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7				6		
8				6		
9			1			
10			1			
11			1			
12				1		
13			1			
14			1			
15				6		
16			1			
17			1			
18			1			
19				0		
20				0		
21				0		
22				0		
23				0		
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32				4		
33				1		
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50						
TOTAL IND.		↓	22	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			51			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						